

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18660  
State File No. \_\_\_\_\_  
Registrar's No. 155

FILED JUN 7 1943  
Registration District No. 274

Primary Registration District No. 5936

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Smithton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)  
In this community 10 years

3. (a) PRINT FULL NAME

Doris Lucille Jackson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 16 - 1907  
7. Birth date of deceased Sept 16 - 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 7 19 hr. min.

9. Birthplace Smithton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None at home with parents

11. Industry or business

12. Name Wm F. Jackson  
13. Birthplace Smithton Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs Margaret Montgomery  
15. Birthplace State of Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Jackson  
(b) Address Smithton Mo  
17. (a) Burial (b) Date thereof 5-7-43  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo  
18. (a) Signature of funeral director A. F. Neumeyer  
(b) Address Smithton Mo  
19. (a) May 5 - 1943 (b) Mrs Anna Burger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles S of Smithton  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 5 minute 0 M.  
21. I hereby certify that I attended the deceased May 3-4 1943  
that I last saw him alive on May 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Nervous shock from gastric ulcer

Due to 1170  
Due to 1170  
Due to 1170

Major findings: 1170  
Of operations 1170  
Of autopsy 1170

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work 1170 (Specify type of place) (e) Means of injury 1170  
23. Signature 1170 (M. D. 1170)  
Address 1170 Date signed 5/5/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80000

1022

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-3-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3912

P. O. Address Smithton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.